



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS  
HOUSING DEPARTMENT  
7500 Odawa Circle  
Harbor Springs, MI 49740  
Tele: (231) 242-1540 Fax: (231) 242-1550  
TDD: (800) 649-3777**



Dear Applicant:

RE: Home Improvement Assistance

We are in receipt of your request for an application for Home Improvement assistance. In order to process your application without delay, we are requesting that all of the following documentation accompany your completed application:

- ☐ Copy of your Tribal ID
- ☐ Verification of all household income
- ☐ Proof of home ownership. (Title, Deed, etc.)
- ☐ Must have before and after pictures of work being completed.
- ☐ Signed and filled out W-9 form by person performing work.
- ☐ Proof Mortgage payments are current
- ☐ House cannot have been listed on the market for past 6 months

The maximum amount of home repair expenses provided by Little Traverse Bay Bands shall not exceed \$2,500.00, and can be utilized once every five years. In the event that home repairs exceed the maximum amount paid by Little Traverse Bay Bands, the applicant/homeowner shall bear the responsibility of paying the remaining balance.

In order to prevent delay, please insure that your application packet is filled out completely. When submitting your completed application, be sure to submit required documentation, including Statement of Work with pictures of intended repairs to be completed.

**IMPORTANT: THE HOUSING DEPARTMENT WILL SOLICIT BIDS FOR CONTRACTOR SERVICES. ALL BIDS MUST GO THROUGH THE HOUSING DEPARTMENT. THE HOUSING DEPARTMENT WILL APPROVE CONTRACTORS ELIGIBLE TO COMMENCE WORK. NO WORK CAN COMMENCE WITHOUT AUTHORIZATION FROM THE LTBB HOUSING DEPARTMENT.**

If you are in need of assistance, please feel free to contact the Housing Department @ 231.242.1545 and I will be happy to assist you.

Respectfully,

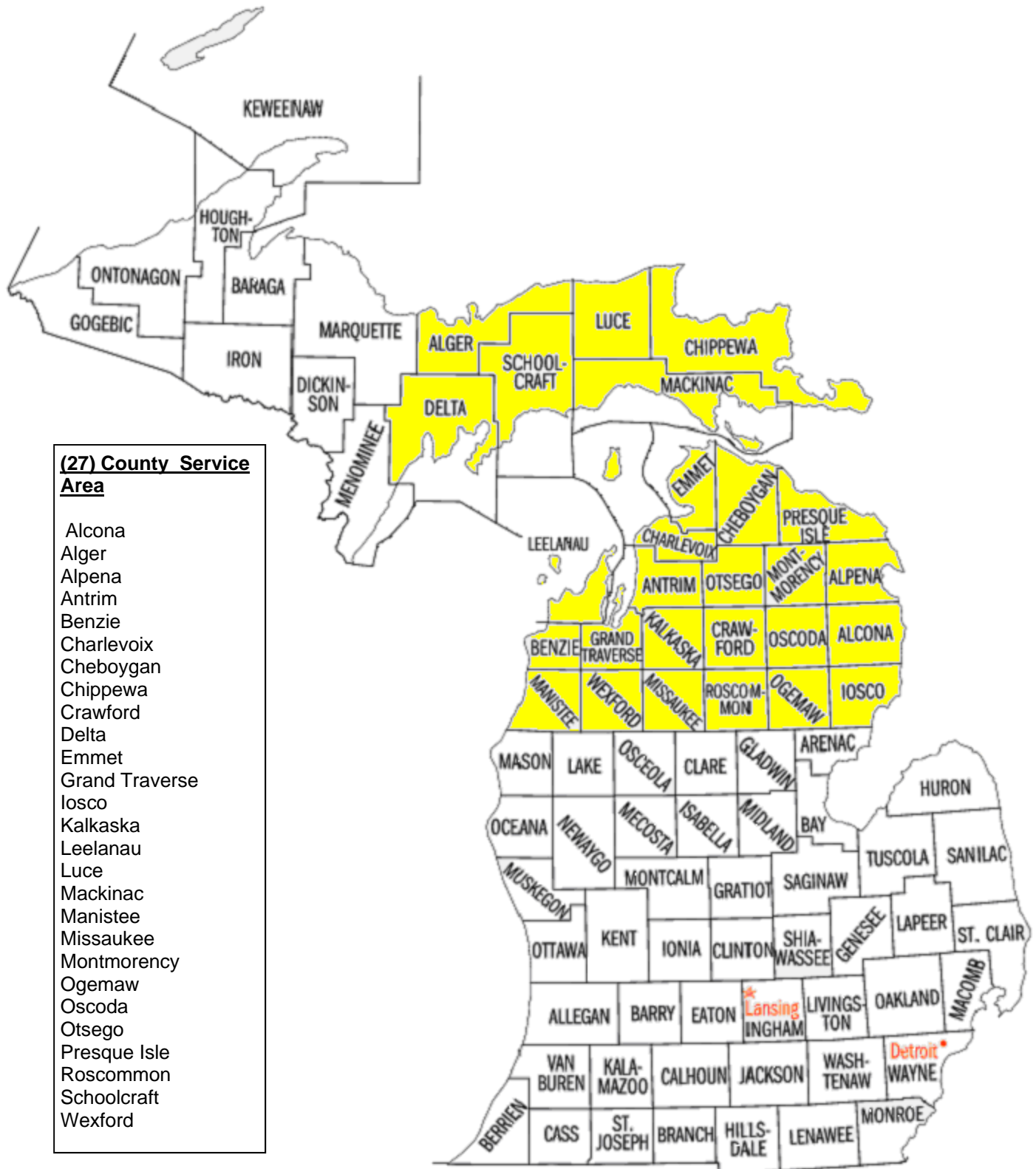
Linda Kaye Rowland  
Housing Programs Specialist



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-5964 (TDD)."



## LTBB 27 County Service Area



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS (LTBB)**  
**Housing Department**  
**Home Improvement Program Application**

The housing assistance provided from this application is authorized by the Native American Housing Assistance and Self Determination Act of 1966 (NAHASDA) and the rules published to implement the Act. The LTBB Housing Department Indian Housing Plan includes a general mission to serve the needs of the low-income families in the jurisdiction of the tribe. Section 201(b) 4 of NAHASDA allows preference for tribal members and other Indian families. All questions in this application must be answered. All information is held in strict confidence in accordance with laws of LTBB

**A. APPLICANT INFORMATION**

1. Name: \_\_\_\_\_  

Last
First
MI
Any other name known by
2. Address: \_\_\_\_\_  

Current Street/Hwy/County Rd
P.O. Box
County

\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Zip
3. Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Social Security Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
6. Tribe in which applicant is enrolled: \_\_\_\_\_ Enrollment No: \_\_\_\_\_
7. Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Other (Explain) \_\_\_\_\_
8. Is the home that you are seeking assistance with your primary residence and the primary residence of all the people listed on this application? ☐ Yes ☐ No
9. Do you have a mortgage(s) on the property? ☐ Yes ☐ No
10. If you have a mortgage on your property, is the mortgage payment current? ☐ Yes ☐ No
11. Approximately how old is the home that you live in? \_\_\_\_\_ Years
12. Please state your email address: \_\_\_\_\_

**B. HOUSEHOLD INFORMATION**

Please list ALL of the people that will occupy the home, including the head of household. Attach an Additional sheet if necessary

First & Last Name	Birth date	Social Security #	Relationship	Tribe	Enroll No.
			Head of House		

12. Will you be completing the work yourself or will you use a licensed contractor? ☐ Self ☐ Contractor

13. Have you or any household member received any type of housing assistance from another federally Recognized Native American Tribe? ☐ Yes ☐ No

14. Have you or any household member received any type of housing assistance from the LTBB Housing Department in the past? ☐ Yes ☐ No

15. If applicable, provide the name of the person from question 13 & 14 who received housing assistance  
Name: \_\_\_\_\_

Date & Type of Assistance: \_\_\_\_\_

### C. INCOME INFORMATION

16. **Income Before Deductions:** Estimate the gross income anticipated for ALL household members From ALL sources of income for the next twelve (12) months. Please see the enclosed income Verification policy for any questions about income. Specify all sources

Household Member Name	Hourly wage or monthly allotment	Name & Address of Employer or Source of Income	Gross Annual Income
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Total Annual Income: \$ \_\_\_\_\_

D. **APPLICANT CERTIFICATION:** *(Read this certification carefully before you sign and date.) Sign in ink.*  
By signing this application, I certify that all answers are true, complete, and correct to the best of my knowledge.  
I understand that by giving false information may be grounds for denial of my application.

*\*IF THE ASSISTANCE YOU HAVE APPLIED FOR IS NOT AVAILABLE AT THE TIME OF APPLICATION, YOUR APPLICATION WILL BE PLACED ON A WAITING LIST. THE LTBB HOUSING DEPARTMENT KEEPS A WAITING LIST FOR HOUSING GRANT PROGRAMS THAT REFLECTS TRIBAL PREFERENCE.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### LTBB HOUSING USE ONLY

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

# LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

HOUSING DEPARTMENT  
7500 Odawa Circle  
Harbor Springs, MI 49740  
231.242.1540

NAME:

DATE:

TYPE OF SERVICES REQUESTED: i.e.: Home Improvement

Home Improvement

Account Name:

NAHASDA Home Improvement

Statement of work requested: i.e.: plumbing/electrical/roofing, etc.:

Preferred Contractor if Applicable.

Name:

Address:

Phone:

Approximate cost of services requested.

☐

Estimate/Bid Attached

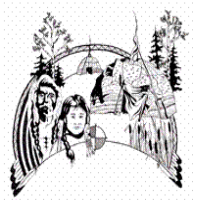
☒

Estimate/Bid To Follow at Later Date

*All person performing home improvement must be licensed and carry own insurance.  
Upon receipt of this form, we will contact Contractor and forward a Contractual  
Agreement.*



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**ACKNOWLEDGEMENT OF GRANT USAGES**

Applicant\*

Address

City, State, Zip

I, \_\_\_\_\_, hereby acknowledge and agree to the following as a condition of receiving a LTBB Housing Department Home Improvement Grant:

1. I shall not return or exchange any item for cash that was approved as an allowable expense or item under the LTBB Housing Department Home Improvement Grant.
2. I shall not return or exchange any item to any vendor that was approved as an allowable item or expense under the LTBB Housing Department Home Improvement Grant without first obtaining, in writing, permission from the LTBB Housing Department. Such permission shall only be granted when the item or expense to be returned or exchanged would otherwise be an allowable item or expense under the LTBB Housing Department Home Improvement Program guidelines, rules, regulations, policies and/or procedures.
3. I shall not seek any refund for cash, or other item of value, from any person, or entity, in lieu of services performed that have been approved as an allowable expense under the LTBB Housing Department Home Improvement Grant.
4. I shall not seek any form of significant alteration of any services provided from any person, or entity, which has been approved as an allowable expense under the LTBB Housing Department Home Improvement Grant without first obtaining, in

writing, permission from the LTBB Housing Department. Such permission shall only be granted when the service would otherwise be an allowable expense under the LTBB Housing Department Home Improvement Program guidelines, rules, regulations, policies and/or procedures.

By my signature affixed below, I \_\_\_\_\_ certify that I have fully read, understood and agree to the aforementioned acknowledgement of grant usages.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_





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**PHOTOGRAPH AGREEMENT AND RELEASE**

Applicant\*

Address

City, State, Zip

I, \_\_\_\_\_, hereby acknowledge and agree to the following as a condition of receiving a LTBB Housing Department Home Improvement Grant:

1. I shall provide the LTBB Housing Department with photograph(s) of ALL the area(s) of the home upon which an improvement is sought through the LTBB Housing Department Home Improvement Grant Program **BEFORE ANY IMPROVEMENT(S) ARE UNDERTAKEN.** I further agree that if I am unable to provide photograph(s) of the area(s) of the home upon which an improvement is sought, I authorize the LTBB Housing Department to take these photograph(s) on my behalf as they may have time and resources available to do so. I understand that the failure to provide these photo(s) myself could result in the denial of my application, and/or could otherwise delay an approval for a LTBB Housing Department Home Improvement Grant.

2. I shall provide the LTBB Housing Department with photograph(s) of ALL the area(s) of the home upon which an improvement is sought through the LTBB Housing Department Home Improvement Grant Program **WITHIN 45 DAYS AFTER THE IMPROVEMENT(S) ARE COMPLETED. I understand the refusal to provide these photos may require me to reimburse the Housing Department the entire amount of the Home Improvement Grant.** I further authorize the LTBB Housing Department to take these photograph(s) on my



behalf as they may have time and resources available to do so. **I understand and agree that if I fail to utilize the materials purchased or make the repairs for which the grant was appropriated, the LTBB Housing Department will be entitled to seek reimbursement for the entire amount of the grant awarded.**

3. I hereby grant the LTBB Housing Department, the Little Traverse Bay Bands of Odawa Indians, or any other subordinate entity thereof, permission to use any and all of the photograph(s) referred to above in any and all of its publications, brochures, or flyers, including websites etc., without payment or any other consideration besides whatever items and/or services may be approved under the LTBB Housing Department Home Improvement Grant Program. I understand and agree that these materials will become the property of the Little Traverse Bay Bands of Odawa Indians and will not be returned. I hereby irrevocably authorize the Little Traverse Bay Bands of Odawa Indians to edit, alter, copy, exhibit, publish or distribute these photo(s) for purposes of publicizing the Little Traverse Bay Bands of Odawa Indians' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any of the photograph(s) referenced to above. I hereby hold harmless, release and forever discharge the Little Traverse Bay Bands, and any other subordinate entities thereof, from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

By my signature affixed below, I \_\_\_\_\_ certify that I have fully read, understood and agree to the aforementioned Photograph Agreement and Release.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_



**LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS**

**Housing Department  
7500 Odawa Circle  
Harbor Springs, MI 49740**



**RELEASE OF INFORMATION AGREEMENT**

Name: \_\_\_\_\_  
(Last) (First) (MI)

Maiden Name: \_\_\_\_\_ Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
(Street) (P.O. Box) (County)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Work Phone Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drivers License Number: \_\_\_\_\_

**I hereby authorize my confidential benefit information to be released from the Social Security Administration and/or to release any confidential information between the agencies listed in this agreement:**

Applicant / Client Signature: \_\_\_\_\_  
(Date)

Co-Applicant Signature: \_\_\_\_\_  
(Date)

**Agencies Releasing Information To Each Other**

**Little Traverse Bay Bands of Odawa Indians  
7500 Odawa Circle  
Harbor Springs, MI 49740  
Phone No: (231) 242-1540  
Fax No: (231) 242-1550  
Law Enforcement Agencies  
Courts and Post Office  
Tribal Social Services  
Family Independent Agency  
Current and Previous Employers**

**Utility Companies  
Credit Providers / Bureaus  
Current & Previous Landlords  
Schools and Colleges  
Support and Alimony Providers  
Child Care Providers  
Retirement Systems  
Social Security Administration  
State and Federal Lending Programs  
Michigan Works/Unemployment Office**



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**OVERAGE AGREEMENT**

Applicant Name & Address: (please print)

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The Little Traverse Bay Bands Home Improvement Program shall not exceed \$2,500.00, per household, and shall not be utilized more than once in a five year span. Once your home improvement amount has been approved and the terms of the Contractual Agreement have been met, your file will be closed out. Should the cost of your home repairs exceed the maximum amount allowed, you bear the responsibility of paying any remaining balance above and beyond the stated \$2,500.

If you wish to proceed with your home improvement(s), with the understanding that all cost incurred above maximum amount allowed, remains your responsibility, please sign below and return. If you fail to return this notice, we will assume that you are not willing to meet the terms and conditions of this program. Please be advised that in order to expedite matters, you may return this form via fax to: 231-242-1550.

If you are in need of assistance, please feel free to contact the Housing Department @ 231.242.1545 and we will be happy to assist you.

Sincerely,

*Linda Kaye Rowland*

Linda Kaye Rowland  
Housing Programs Coordinator

PLEASE CHECK APPROPRIATE BOX, SIGN AND RETURN

- ☐ Yes, I agree to pay all balances exceeding \$2,500.00  
☐ No, I cannot pay remaining balance of contract exceeding \$2,500.00

Applicant

Date

Co-Applicant

Date



"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-5964 (TDD)."



**W-9**

**Request for Taxpayer  
Identification Number and Certification**

**Give form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

or

Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign  
Here**

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,